

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

98/511,261

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 17            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 17 minus 20 = | -                        |
| INDEPENDENT CLAIMS               | minus 3 =     | -                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|-------------|---|-------|---|--------------------------|
|  |             |   |       | MINUS                                       |                          |
|  | Total       | *   | Minus | ** 20                                       | =                        |
|  | Independent | *   | Minus | *** 3                                       | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |       |   | <input type="checkbox"/> |

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

|           |        |              |        |
|-----------|--------|--------------|--------|
| RATE      | Fee    | RATE         | Fee    |
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00 |
| X\$ 9=    |        | OR X\$18=    | -      |
| X43=      |        | OR X86=      | -      |
| +145=     |        | OR +290=     | -      |
| TOTAL     |        | OR TOTAL     | 770    |

OTHER THAN  
OR SMALL ENTITY

37

950

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

|                  |                   |                     |                   |
|------------------|-------------------|---------------------|-------------------|
| RATE             | ADDITIONAL<br>FEE | RATE                | ADDITIONAL<br>FEE |
| X\$ 9=           |                   | OR X\$18=           |                   |
| X43=             |                   | OR X86=             |                   |
| +145=            |                   | OR +290=            |                   |
| TOTAL ADDIT. FEE |                   | OR TOTAL ADDIT. FEE |                   |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|-------------|---|-------|---|--------------------------|
|  |             |   |       | MINUS                                       |                          |
|  | Total       | *   | Minus | **  | =                        |
|  | Independent | *   | Minus | ***   | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |       |   | <input type="checkbox"/> |

|                  |                   |                     |                   |
|------------------|-------------------|---------------------|-------------------|
| RATE             | ADDITIONAL<br>FEE | RATE                | ADDITIONAL<br>FEE |
| X\$ 9=           |                   | OR X\$18=           |                   |
| X43=             |                   | OR X86=             |                   |
| +145=            |                   | OR +290=            |                   |
| TOTAL ADDIT. FEE |                   | OR TOTAL ADDIT. FEE |                   |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|-------------|---|-------|---|--------------------------|
|  |             |   |       | MINUS                                       |                          |
|  | Total       | *   | Minus | **  | =                        |
|  | Independent | *   | Minus | ***   | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |       |   | <input type="checkbox"/> |

|                  |                   |                     |                   |
|------------------|-------------------|---------------------|-------------------|
| RATE             | ADDITIONAL<br>FEE | RATE                | ADDITIONAL<br>FEE |
| X\$ 9=           |                   | OR X\$18=           |                   |
| X43=             |                   | OR X86=             |                   |
| +145=            |                   | OR +290=            |                   |
| TOTAL ADDIT. FEE |                   | OR TOTAL ADDIT. FEE |                   |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.